

## **BIOL 4940: Internship in Biology**

#### **Course Description:**

This course provides students the ability to receive course-credit while involved in a supervised work experience with public agencies, private industry, mass media, or non-profit organizations in the area of the biological sciences. Examples of work experience include:

- Traineeships in scientific investigation
- Environmental impact assessment
- Financial analysis

- Mass Media
- Biotechnology law
- Informatics

BIOL 4940 is a 3-credit hour course and can be repeated for a maximum of 6 hours. The course satisfies UGA's Experiential Learning requirement as well as counting as an upper-level general elective. This course will *not* count as a Major Elective or any other major-level requirement in Biology.

### **Course Requirements:**

- 1. A signed "BIOL 4940 Biology Internship Agreement" application must be submitted to <a href="mailto:biology@uga.edu">biology@uga.edu</a> in Biological Sciences no later than the last business day PRIOR to intended enrollment to obtain permission to register. We will obtain Dr. Miller's signature.
- 2. In addition to their internship supervisor, students must identify a UGA faculty member to serve as an academic supervisor.
- 3. Along with the application, students must attach a brief description or other documentation (e.g., letter from supervisor) outlining their duties and responsibilities.
- 4. Students must work a minimum of 20 hours/week for 8 weeks (or 160 hours total).
- 5. Following completion of the internship, students must turn in a final report (1-2 pages) summarizing their internship experience. The report should be emailed to biology@uga.edu. A hand-delivered, hard copy is not necessary.
- 6. The internship supervisor must certify that the student completed the internship satisfactorily, and in consultation with the faculty coordinator, agree on a grade (S/U).

#### **BIOL 4940 BIOLOGY INTERNSHIP AGREEMENT APPLICATION**

# STUDENT INFORMATION Student Name: 81#: Semester/Year of Internship: Major: Telephone No: \_\_\_\_\_\_UGA Email Address: \_\_\_\_\_ INTERNSHIP SUPERVISOR INFORMATION Business or Organization Name: Business or Organization Address: City: State: Zip: Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_ Department: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_ ACADEMIC SUPERVISOR INFORMATION UGA Supervisor Name: Department: Telephone: Email: I understand and agree to comply with the conditions and responsibilities specified in the description of BIOL 4940. Student Signature: Supervisor Signature: UGA Supervisor Signature: Departmental Signature:

Dr. Kristen Miller, Director